CLINICAL GUIDELINE

Document No: C Pro 25

TITLE	Referral Guidelines
SUMMARY	This document provides instruction and guidance to staff, volunteers, students, managers (henceforth staff) and all referrers to Teesside Hospice Care Foundation (THCF) Specialist Palliative Care (SPC) Services including Bereavement Counselling and Lymphoedema.
APPROVED VIA	Quality and Performance Committee
DISTRIBUTION	For distribution to all clinical departments via Teesside Hospice Workforce Development Department. These guidelines will also be published on Teesside Hospice website http://www.teessidehospice.org/help-support/professionals and shared with appropriate health and social care professionals.
RELATED DOCUMENTS	Referral forms attached as appendices
AUTHOR(S) / FURTHER INFORMATION	Consultant in Palliative Medicine, Director of Nursing and Quality, Associate Specialist Palliative Care, Nurse Practitioner, Wellbeing Centre Sister, Outreach Nurse Practitioner.
OTHER INFORMATION	www.teessidehospice.org

ISSUED BY: Chief Executive

Reviewed 4th March 2020
Next review by 3rd March 2023

Referral Guidelines for all Teesside Hospice Services

Reviewed 4th March 2020
Next review by 3rd March 2023

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1. Introduction

1.1 Commissioning Arrangements

Teesside Hospice is committed to provide a Consultant led specialist palliative care service free of charge to patients and carers. We are commissioned to provide specialist palliative care (SPC) to the residents of Middlesbrough and Redcar & Cleveland areas via South Tees Clinical Commissioning Group.

Patients from Stockton & Hartlepool are also able to access our services under these commissioning agreements. However, funding for patients from out of the Teesside area e.g. North Yorkshire is negotiated on a case-by-case basis with their Commissioner.

The Bereavement Counselling Service is available to all bereaved adults and children from the Middlesbrough and Redcar & Cleveland areas and not just those who may have had a previous connection to THCF. However, the service is only able to offer a counselling service for anticipatory grief to families who are already associated to Teesside Hospice

1.2 Information for Referrers to SPC Services

Patients are suffering from life limiting conditions. We offer a holistic approach to care encompassing the physical, psychological, social and spiritual needs of patients.

Palliative care is delivered by two distinct categories of health and social care professionals:

- The patient and families usual carers i.e. District Nurse, General Practitioner. This level of care can be described as general palliative care. It is a vital and integral part of everyday clinical practice

- Health and social care professionals who specialise in palliative care: Specialist palliative care services are provided for patients and their families where there is a moderate to high complexity of need. The services provided at Teesside Hospice fall into this category.

Referral should be with the full knowledge and agreement/consent of the patient, doctor, and nurse undertaking the patient's usual care and management.

2. THCF Specialist Palliative Care Team (SPC)

THCF Consultant led SPC team includes doctors, nurses, physiotherapist, occupational therapist, dietician, social worker, chaplain, complementary therapist and bereavement counsellors. The team offer a wide range of services: -

- Inpatient admissions for pain and symptom management including psychological issues and end of life care.
- A range of Day Hospice services for pain and symptom management, psychosocial support, and respite.
- Outpatient appointments and domiciliary visits.
- Telephone advice
- Specialist lymphoedema care
- Bereavement counselling services for adults and children

2.1 Referral Process for IPU and Day Hospice

Referral to THCF can be made in several ways:

For the Inpatient unit (IPU) and the Day Hospice on normal working hours (Monday to Friday 9 - 5 pm)

- **Electronic referral via SystmOne.** These should be sent to the task group -IPU and Day Hospice secretaries. This will appear as a task on SystmOne is then accepted and allows you to register the patient. In the absence of the secretary, other staff with access to SystmOne would be able to access the task within SystmOne. See appendix 5 for referral information required for electronic referrals and appendix 6 How to make an electronic referral.
- If there is no access to SystmOne, a Teesside Hospice referral form (Appendix 1) can be completed and sent via NHS email to stees.teessidehospice.cas@nhs.net for the attention of the IPU and Day Hospice secretaries. The form can also be found on THCF website, downloaded and sent as identified above. This will be scanned into the electronic record following registration of the patient on to SystmOne. Out of office hours, a telephone referral can be made to IPU and a referral form in Appendix 1 must be completed.
- On THCF website, there is a facility to send referrals by going to the website and then clicking on referrals. At the bottom of the page, there is an option to choose Hospice Care Referral Form, Counselling Referral and Lymphoedema Referral form. Click on the most appropriate referral form and fill in the details. These referrals are then received in an NHS e-mail account accessed by the secretarial team, the appropriate team would then register the patient.

- In emergencies or Out of Hours THCF will accept a telephone referral by telephoning the inpatient unit on 01642 811061. A member of the team will take down details over the telephone before a referral can be accepted.

Any queries will be directed to the appropriate member of the SPC team by contacting the **IPU/Day Hospice Secretary on (01642) 811062 or 01642 811064**.

2.2 Referral process for the Lymphoedema service is Monday – Friday 9am - 5pm.

- THCF services can be accessed by completing a referral form (Appendix 2) and emailing via NHS mail to stees.teessidehospice.cas@nhs.net.
- Electronic referrals via SystmOne and through the website via NHS mail are also accepted.

Any queries will be directed to the appropriate member of the team by contacting the **Lymphoedema Secretary on (01642) 811068 (internal extn 426)**

In order for us to process the referral request quickly **ALL** details on the referral form need to be completed.

2.3 Mental Capacity

The Specialist Palliative Care team (SPC) at THCF recognise and abide by the practices outlined in the Mental Capacity Act and Code of Practice (2005) for those patients who lack capacity (refer to C Pol 11 Mental Capacity policy)

2.4 Non Smoking Policy

THCF is a non-smoking organisation and smoking is not permitted by staff, patients and visitors in any of our premises. A small designated area in the garden is available for **patients** who smoke.

We recognise that this information is significant for some patients in deciding their appropriate place of care and request that they are informed about this **prior to referral.**

3. Inpatient Services

THCF has 10 single patient bedrooms that have en-suite facilities.

3.1 Referral Criteria

- **Pain and Symptom Management:** The inpatient unit provides treatment for the management of pain and other difficult symptoms, including psychological issues which cannot be managed in the patient's current environment, and require Specialist support, regular assessment and monitoring.

- **End of Life Care:** We will do our best to offer a bed for patients who have expressed their preferred place of death as being at THCF. However, due to demand and bed occupancy this may not always be possible.

3.2 Standard Operating Procedure for Prioritising referrals and admission to IPU.

The hospice aims to prioritise referrals according to need ensuring that patients are admitted to IPU in a timely manner according to their need for the service. A RAG rating system is used. The overall aim is to arrange admission on the day before.

Definition: RAG Rating

Colour	Urgency	Criteria	Admission limit
RED	Urgent	Actively dying/ end of life	Admit within 1 day
AMBER	Urgent	Deteriorating rapidly, complex symptom management	Admit within 3 days
GREEN	Routine	Patient is stable – planned medication/ symptom review	Admit within 7 days
BLUE		Referral received awaiting more information	

Procedure: Prioritising referrals and admissions to IPU

- The referral is received electronically, either via Systmone or cas system, actioned by IPU/day hospice secretaries
- The referral is then passed to Outreach Nurse Practitioner
- The referral is followed up with a telephone call to the referrer for more information to assess the complexity/urgency of referral
- If indicated Outreach Nurse Practitioner can complete a home visit to assess priority if unclear from referral and further discussion from referrer

- The referral is then given a RAG rating (See RAG Rating above)
- The patients name is documented on the white board in the Hub in the correct coloured pen.
- The original referral is placed in the IPU referrals folder in the Hub
- The referrals and plans for admission are discussed daily at morning briefing meeting, with outreach nurse practitioner and doctors, patients are prioritised according to need.
- If urgent/complex referrals are received throughout the course of the day they are looked at and discussed and prioritised as needed
- Patient is identified for admission, the referrer/patient is then contacted to inform them (usually the day before) transport is arranged, usually by the referrer.
- Referrers are kept up to date with the bed situation as required (when no beds available).
- A waiting list is triggered when all 10 beds are full, no imminently planned discharges or expected deaths (within the upcoming days).
- All referrers are contacted advising of the situation, regarding possible wait times and alternative measures are put in place.
- The Outreach Nurse Practitioner can complete a home visit in order to assess for alternative hospice services such as day care, be in charge group, while waiting for IPU bed.
- This information is communicated to the wider SPC Teams at the weekly locality MDT (acute & community teams) and weekly briefing meetings with community team.
- The number of patients waiting is communicated to Director of Nursing and Quality (DNQ), with regular updates.
- Each new referral received within this waiting list period, information is clearly communicated to the referrer so they are aware of the situation and possible extended waiting times
- Each referral is still assessed on the needs of the patient and prioritised accordingly
- If all patients are of the same complexity and needs the admissions will be prioritised on the date the referral was received.
- The waiting list is then discontinued when beds become available, this information is then communicated to wider specialist palliative care teams.

3.3 Discharge

Due to the demands on our service we are unable to provide long term care and we aim to discharge patients back into the community where appropriate. (Please refer to Discharge procedure C Pro 35)

There is an Outreach Nurse Practitioner service available at THCF and after an MDT discussion patients may be supported following discharge in their own home for an agreed length of time by the Outreach Nurse Practitioner.

Patients who are unable to return to their own home and do not require SPC will be transferred to alternative accommodation including transfer to nursing home, following discussion with the patient, family and appropriate professionals. Our current average length of stay is 19.5 days (MDS data 2017).

3.4 Allocation of beds

Unless marked as urgent or the referral is out of normal working hours **ALL** referrals are discussed at the morning briefing meeting held at 9:00 am Monday to Friday. Patients are prioritised and offered beds as available. Admission is determined by priority of clinical need. We will contact the referrer to inform them of the bed situation and will try to estimate when a bed is likely to be available. Patients should also be kept informed.

The Outreach Nurse Practitioner or another designated member of the team may contact the referrer if the referral form is incomplete or there is inadequate information on which to base a plan for admission.

3.5 Referral for same day admission/Out of Hours (OOH) referral

THCF **does** accept referrals for same day admissions both during working hours and out of hours including weekends. However, any request for an urgent admission must be discussed with the senior nurse or doctor on duty. In exceptional circumstances the hospice accepts telephone referrals and OOH telephone referral maybe preferable to e-referral, fax or NHS mail. If a telephone referral is received a member of the IPU team must complete the referral form in Appendix 1. The referral will be discussed with the doctor and the nurse in charge and the referrer will be notified as soon as possible.

3.6 Admission arrangements

If possible planned admissions should arrive at THCF between **10:00 and 11:00.** It is the responsibility of the current care team to assess the patient to ensure that the patient is fit to travel and to arrange suitable transport.

Patients being admitted from hospital should have either a copy of their hospital notes or a full discharge letter. Patients admitted from the community must be accompanied by all relevant community, medical or nursing documentation including DNACPR, any ACP documentation or syringe driver documentation. All current medications should be brought in with the patient.

4. Day Hospice Services

The Day Hospice facility at THCF provides a range of services to patients, their families and carers affected by life limiting illnesses. We offer patients a thorough assessment of their needs, support to manage their symptoms, emotional, social, and spiritual support and carer support. We aim to be flexible and responsive to patients needs in order to enhance their independence and quality of life.

Following their initial assessment patients are allocated the most appropriate service to meet their needs which can range from a specific service for neurological patients, complex symptom management, workshop style support, Complementary therapies and Creative therapies.

We also provide a Drop-In service for patients, family members and professionals every Thursday.

4.1 Day Hospice Assessment

Following a referral either externally or through our Drop-In service, patients are invited to attend an initial assessment where a nurse will undertake a holistic assessment. On occasion, it may be appropriate for our Outreach Nurse Practitioner to do a home visit to carry out an initial assessment.

Following referral and the initial assessment, the Day Hospice team in partnership with the patient will signpost them to the most appropriate Day Hospice service. A plan of support for the patient that best supports their goals and needs will be agreed along with their length of attendance.

During this time the patient may have access to the wider MDT (Dr, physiotherapist, complementary therapist, social worker and occupational therapist) as required. An ongoing review of the plan of care will take place and if after a period of time the agreed plan of care has been met or the patient does not have ongoing specialist needs then discharge from THCF will be planned with the patient and their family.

4.2 Referral Criteria

All patients should be referred in accordance with section 2.1 of these guidelines. All referrals will be triaged by the MDT within Day Hospice and offered access to the most appropriate service.

Patients will be suffering from a life limiting illness and will have an identified need for one or more of the following:

- Psychosocial support e.g. those having difficulty in dealing with the knowledge of diagnosis/prognosis, those with personal/family issues.
- Ongoing support and review of complex symptoms by the MDT within Day Hospice.
- To support patients with unstable symptoms at the end of life.
- To support patients for a period of time with neurological conditions.
- On-going support for a limited time for those discharged home from the Inpatient Unit (IPU)
- To support patients who would benefit from learning coping mechanisms to deal with their condition through interventions of complementary therapies, diversional / creative therapies & CBT.

Patients need to be able to travel from home to THCF independently. However, in special circumstances where transport may be difficult, this can be discussed with the team and transport may be available.

4.3 Referrals to Carers Group

There is a Carer Support Group which is hosted within the Education and Training Centre at Teesside Hospice. The group sessions are held on the first Thursday of every month 1pm - 3pm providing carers with opportunities to meet others in a similar situation.

The group is facilitated by the hospice Social Worker and a programme of speakers is also arranged to give information and advice in relation to the group's needs. Referrals can be made by contacting the Social Worker direct on 01642 811069 or 01642 811064 or through the Day Hospice services.

5. Outpatient Clinic appointments

The Consultant led services at THCF accept referrals for medical outpatient clinic appointments. Referral is made **by following the referral process in section 2.1.** Every effort is made to arrange an appointment as soon as possible at a time acceptable to the patient.

6. Home Visits

In the absence of the designated Community Consultant in Palliative Medicine and on request from a General Practitioner or Community Nurse, a home visit may be made by the Consultant in Palliative Medicine at THCF or another member of the medical team or Outreach Nurse Practitioner to a patient who for some reason finds it difficult to attend an outpatient clinic appointment.

Requests for a home visit should initially be made to **the IPU/Day Hospice Secretary at Teesside Hospice Tel: 01642 811062 and following the referral process in section 2.1.** We aim to facilitate a home visit within 2 working days of the request.

7. Telephone Advice

Teesside Hospice SPC team can provide advice, where appropriate to any health or social care professional, patient or carer requiring advice and information regarding palliative care issues and services. The telephone advice will be provided by the RN and Doctor available within the Hospice.

Requests for advice should be made using the IPU telephone number: **01642 811061**

- Prior to giving advice the caller should provide the hospice nurse/doctor with appropriate background information i.e. Patient's details/problems and a telephone contact number. A telephone advice form (Appendix 3) will be completed by our team at the Hospice.
- Consent from the patient to share the information with member of the MDT must be requested and once verbally given this must be recorded on the form.
- If appropriate the nurse may then contact the doctor on call and agree an action plan.
- The caller will then be contacted by a member of the SPC team as soon as possible with appropriate advice or information.
- A written record on a telephone advice form (Appendix 3) will be kept of the enquiry and this will be the subject of a MDT discussion the following day. The advice form can be uploaded on SystmOne if this would help patient care and clear consent from the patient has been obtained. The record must be shared with the appropriate SPC Hospital, Community team or GP as necessary as soon as possible to support communication and target education.
- There is a Tees-wide Consultant on call rota that can be accessed via switchboard at South Tees

If deemed appropriate the caller may be redirected to 111 or the most appropriate professional involved already with the care.

8. Tees-wide Lymphoedema Service

Teesside Hospice is commissioned to provide a specialist community lymphoedema service Tees-wide. The management of lymphoedema is a lifelong commitment for the patient, involving a program of preventative skin care, exercise, self-massage and the wearing of compression, either in the form of hosiery or bandages.

Patients who are unable to undertake this programme must be prepared to accept help from family and community nurses, or if appropriate social care staff, as it is imperative that the recommended management regime is continued. It is recommended that consideration of all of these factors is undertaken before referrals are made.

Referrals should be made with the patient's consent and are accepted from health care professionals. Referrals are prioritised by senior nursing staff and in the main palliative patients will be assessed within 2 weeks, and all other patients will be assessed within 10 weeks.

8.1 Referral Criteria

Referrals to the Lymphoedema service are made in the following way:

- By completing a referral form on the website. The details are outlined within section 2.1.
- By sending a referral form by NHS email (see section 2.2). This should be sent for the attention of the lymphoedema secretary.

The referral form is included within Appendix 2.

Referrals are usually made for patients with the following:

- **Cancer related lymphoedema**: Swelling due to obstruction from a tumour or swelling due to treatment of cancer.
- **Non-cancer related lymphoedema**: Congenital and primary lymphoedema or lymphoedema due to other causes e.g. Trauma and tissue damage, venous disease, infection, inflammation, endocrine disease, immobility and factitious.

8.1.1 Contra - indications for referral:

- **Deep Vein Thrombosis** within the last 3 months.
- **Existing leg ulcer**: Advice will be given regarding cellulitis management and skin care, but not on specific wound management. This is the responsibility of the patient's District Nurse or Tissue Viability Nurse.
- **Severe or unstable cardiac failure:** It should be noted these patients would be unsuitable for referral, since the nature of the lymphoedema treatment is such that extra fluid is likely to be pushed into the circulatory system. If patients are referred with palliative care needs associated with these conditions via Day Hospice or IPU, then patients will be assessed on an individual basis. The medical team will be consulted regarding appropriate treatment options.
- **Patients under the age of 18 years**

8.2 Documentation / Communication

Written communication will be made with the referrer and appropriate health or social care professionals involved in the patient's care. This will be following the initial assessment within 7 working days, and thereafter as treatment plans alter and if the patient is discharged from the service. The patient will also receive a copy of these letters.

8.3 Discharge from the Lymphoedema Service

Patients will be discharged from the service when: -

- An episode of care is complete – (The four cornerstones of lymphoedema management skincare, exercise, and simple lymphatic drainage massage and compression hosiery are being effectively managed by the patient and their oedema is controlled) and the patient is referred back to the referrer. This will be within 12 months for patients with mild/uncomplicated Lymphoedema.
- The patient moves out of the area.
- The patient no longer wishes or needs the input of the service

9. Bereavement Counselling Services for Adults and Children

The Bereavement Counselling Department (BCD) incorporating the children's 'Forget-me-Not' service has been developed to provide specialist bereavement counselling for complex grief and associated trauma which enables people to understand and work through their grief, empowering them to move forward in their lives.

9.1 Children's Service

Children and young people between the ages of 7 – 18, who have experienced the death of a significant person in their life, when the referral is at least six months after the bereavement. The service operates for children living in South Tees CCG localities.

9.2 Adult Service

Adults who have lost a significant person by death, when the referral is at least six months after the bereavement. The service operates for adults living in South Tees CCG localities.

9.3 Referral Criteria:

- Adults need to be motivated to undertake counselling, and need to have made an informed choice to begin the process.
- Children need to choose to access the service voluntarily.
- Children between 7and 16, who are accessing the service, are expected to be accompanied by a responsible adult at every appointment. If the service is delivered remotely then a responsible adult is required to be available for consultation at the end of each session.
- Young people between the ages of 16-18 accessing the service must be able
- to provide a responsible adult with whom the counsellor can consult if necessary, this may be a parent, carer or professional connected with the care and well-being of the young person.
- A client needs to have the emotional resilience and capacity as well as environmental support and resources to be able to engage within a bereavement counselling framework.
- The client's presenting problem needs to be complex grief and trauma

9.4 Clients who should NOT be referred

- If the death is less than six months prior to the referral date
- Those who have a history of enduring mental health issues that render them outside of our field of expertise and service parameters.
- Those who are engaged in therapy with other mental health or therapeutic services
- Those who are exhibiting aggressive behaviour which may pose a risk to others within the service.
- Those clients who are considered a high suicide risk.
- Those clients who would find it difficult to engage in the counselling process or meet the referral criteria due to substance or alcohol use.
- Those clients who have complex social needs which are significantly affecting their ability to function and focus on the bereavement.

It is important to note we are not a crisis service.

We are happy to discuss referrals and offer consultative support to professionals working with bereaved clients in their role.

9.5 Referral Procedure for counselling

Via the referral form on the Hospice website https://www.teessidehospice.org/bereavement-counselling

- All clients complete an online assessment. Those clients who meet the criteria for support are placed on a waiting list and allocated to the next available counsellor who will then:
    - Complete a risk assessment
    - Agree a counselling contract
    - Agree management and access to records including System1
- Clients who do not meet the criteria for support are signposted to alternative sources of support.
- Clients who have been bereaved for less than six months and therefore do not meet the criteria for support, may re-refer themselves once six months has elapsed.
- A third party may complete the online assessment on behalf of the client – the questions are designed to be suitable for both children and adults.

10. Useful information & contact details

Further information about our services and copies of referral forms can be downloaded from our web site - http://www.teessidehospice.org/about-us

Teesside Hospice Care Foundation
1, Northgate Road
Linthorpe
Middlesbrough
TS5 5NW

Registered Charity 512875

Medical Secretary:	**Tel:**	**(01642) 811062**
Admin Team	**Email:**	**stees.teessidehospice.cas@nhs.net**
Telephone Advice (IPU):	**Tel:**	**(01642) 811061**

Bereavement Counselling Service: Tel: (01642) 811063

USE REFERRAL CRITERIA FOR GUIDANCE

Referral Form for IPU or Day Hospice Services

Tel: 01642 811062 ,

NHS mail: stees.teessidehospice.cas@nhs.net

Please also send copies of any clinical correspondence with this form

PATIENT DETAILS	
Patient's Name: DOB:	Patient / Carer consent to referral: YES / NO (consent can be verbal over the telephone) Patient Consent to Share IN/OUT SystmOne: YES/NO Does the patient live alone? YES / NO
NHS No:	Likes to be known as:
Address (including post code)	Main Carer/NOK name:
	Relationship to patient:
	Address (including post code)
Tel No:	
Mobile:	Tel No:
Occupation:	Work No:
Hospital D No:	Mobile No:

MEDICAL DETAILS	
Diagnosis:	Date:
Metastases:	Date:
Recurrence:	Date:
Previous treatment:	
Consultants involved:	
GP: Surgery: Tel No:	

<table>
<tr><td>Patient aware of diagnosis: YES / NO</td><td>Prognosis: YES / NO</td></tr>
<tr><td>Carer aware of diagnosis: YES / NO</td><td>Prognosis: YES / NO</td></tr>
<tr><td>Does the patient have a completed DNACPR form? YES / NO</td><td rowspan="2">Preferred place of death: Home / Hospital / Hospice / Not known / Other (Please specify)
……</td></tr>
<tr><td>Does the patient have any recorded advance decisions YES / NO</td></tr>
<tr><td colspan="2">Is there any history of hospital acquired infection? Please specify and include current status:
……</td></tr>
<tr><td colspan="2">Is the patient aware of THCF smoking policy? YES / NO</td></tr>
</table>

Patient's Name:	NHS No:
SPECIFIC REASON FOR REFERRAL (Please tick)	
IN PATIENT ADMISSION ☐ Pain ☐ Symptom Management ☐ Complex Psychological ☐ End of Life Care ☐ Other (please state) ……	
DAY HOSPICE ☐ Symptom Management ☐ Psychosocial Support ☐ Respite Care ☐ BIC Group	OUTPATIENT CARE ☐ Out Patient appointment ☐ Domiciliary Visit ☐ Carer support
MAIN PROBLEMS / ISSUES	
PREVIOUS INVESTIGATIONS / TREATMENT	
PREVIOUS MEDICAL HISTORY	
CURRENT / PLANNED TREATMENT	
CURRENT MEDICATION / ALLERGIES	
HEALTH & SOCIAL SERVICES ALREADY INVOLVED	
Social Worker / Care Manager:	Tel No:
Macmillan Nurse:	Tel No:
Specialist Nurse / Community Matron:	Tel No:
District Nurse:	Tel No:

Other: (Please state)			Tel No:	
Is patient: ☐ At home ☐ Hospital (If hospital please state Ward) …….				
Referred by:	Designation:	Department:	Tel No:	Date of referral:

Lymphoedema Referral Form

Tel: 01642 811068 Fax: 01642 811076
NHS Email: Lymphoedemaclinic@teessidehospice.co.uk

PLEASE NOTE: WE ARE NOT ABLE NOT ACCEPT REFERRAL IF ANY OF THE FOLLOWING APPLY:

- Patients who have had a DVT within the last 3 months
- Existing leg ulcers – these should be healed before being referred
- Severe or unstable cardiac failure
- Patients under the age of 18

<table>
<tr><td colspan="3">PATIENT DETAILS</td></tr>
<tr><td>Patient's Name:

DOB:</td><td colspan="2">Patient agreement to referral: YES / NO

Does the patient live alone? YES / NO</td></tr>
<tr><td>NHS No:</td><td colspan="2">Likes to be known as:</td></tr>
<tr><td rowspan="2">Address – including post code</td><td colspan="2">Main Carer Name:
Relationship to patient:</td></tr>
<tr><td colspan="2">Address – including post code:</td></tr>
<tr><td>Tel No:</td><td colspan="2">Is the patient housebound? YES / NO</td></tr>
<tr><td>Mobile:</td><td colspan="2">Tel No:</td></tr>
<tr><td>Occupation:</td><td colspan="2">Work No:</td></tr>
<tr><td>Hospital D No:</td><td colspan="2">Mobile No:</td></tr>
<tr><td colspan="3">MEDICAL DETAILS</td></tr>
<tr><td colspan="2">Diagnosis:</td><td>Date:</td></tr>
<tr><td colspan="2">Metastases:</td><td>Date:</td></tr>
<tr><td colspan="2">Recurrence:</td><td>Date:</td></tr>
<tr><td colspan="3">Previous treatment:</td></tr>
<tr><td colspan="3">Consultants:</td></tr>
<tr><td colspan="3">GP:
Surgery:
Tel No:</td></tr>
</table>

Patient aware of diagnosis: YES / NO	Prognosis: YES / NO
Carer aware of diagnosis: YES / NO	Prognosis: YES / NO
Is there a history of hospital acquired infection? Please specify and include current status: ……	
Is the patient aware of THCF no smoking policy? YES / NO	
Is there any history of violence or verbal abuse? YES / NO	

Patient's Name:	NHS No:

HISTORY OF ONSET OF OEDEMA – MAIN PROBLEMS / ISSUES RELATING TO THIS

CANCER HISTORY

Cancer status ACTIVE		Cancer status INACTIVE			
Lymph node operation		Sampling of lymph node		Lymphocele	
Wound infection		Wound Seroma			

Radiotherapy

Chemotherapy

Hormone Therapy

PREVIOUS MEDICAL HISTORY (Please tick)

H/O Asthma		H/O Hypertension		H/O Cutaneous Cellulitis	
H/O Thrombosis		H/O Heart failure		Dermatitis	
H/O Diabetes		H/O Hyperthyroidism		H/O Eczema	
H/O COPD		H/O Obesity		H/O Psoriasis	
H/O DVT		H/O Osteoarthritis		Skin ulcer	
H/O Kidney disease		H/O Varicose veins		Psychiatric illness	
H/O Neurological disorder		H/O Ischaemic Heart disease		Mental health disorder Learning disability	

Other relevant history

Any communication difficulties? YES / NO Details:

Height (m)		Weight (kg)	
BMI (kg/m^2)		BP (mmHg)	

CURRENT MEDICATION / ALLERGIES

Is the patient prescribed O_2 YES / NO If yes: Amount prescribed …… litres				
SERVICES INVOLVED				
Social Worker / Care Manager:			Tel No:	
Macmillan Nurse:			Tel No:	
Specialist Nurse / Community Matron:			Tel No:	
District Nurse:			Tel No:	
Other: (Please state)			Tel No:	
Is patient: ☐ At home ☐ Hospital (If hospital please state Ward) ……				
Referred by:	Designation:	Department:	Tel No:	Date of referral:

Teesside HOSPICE

Appendix 3:
Telephone advice line form
Complete at the time of call

<table>
<tr><td colspan="2">Date: Day of the week:</td><td colspan="2">Time (24 hr clock):</td></tr>
<tr><td>Caller's name:</td><td>Tel No.</td><td colspan="2">Relationship to patient:</td></tr>
<tr><td colspan="4">Call received by (Please circle): IPU: Day Hospice: Lymphoedema: Other (please state):</td></tr>
<tr><td rowspan="4">Callers address/place of work:</td><td colspan="3">Patient's name and address:</td></tr>
<tr><td colspan="3">GP:</td></tr>
<tr><td>DOB:</td><td colspan="2">NHS No:</td></tr>
<tr><td colspan="3">Patient known to Community SPCT YES / NO
Patient already known to Hospice YES / NO</td></tr>
<tr><td colspan="4">Consent of patient to share information from advice form with Community SPCT & Hospital SPCT (If appropriate)
YES / NO / NOT APPLICABLE</td></tr>
<tr><td colspan="4">Patient details (including diagnosis, current problem)

Advice given:

Ask caller: If advice were not available at hospice who would they contact?</td></tr>
<tr><td colspan="4">Advice sought from hospice doctor: YES / NO (If YES please record their name)</td></tr>
</table>

If caller is a healthcare professional ask if they are aware of the North of England Cancer Network Palliative Care Guidelines?
YES / NO / Not applicable
Directed to web site: YES / NO www.necn.nhs.uk/group/supportive-palliative-andendoflifecare-group/
www.teessidehospice.org/

Approximate length of call Less than 10 minutes _____ 10 – 30 minutes _____ 31+ minutes _____ Were additional calls generated YES / NO (If YES please state)	Name of person receiving the call: Name of person giving advice if different	Signature: Signature:

Next MDT Briefing Meeting Date: _____

Reason for call (Please circle):

1. Pain control
2. Symptom control
3. Hospice Referral or information re other Hospice services
4. Non clinical information
5. Other reason (Please specify)

Follow up action:

To be sent to: Community SPCT ☐ GP ☐ Hospital SPCT ☐ Other ……	
Name of person reviewing at MDT:	Signature:

Appendix 4

Electronic referral information

- Service Required
- Referral Reason
- Diagnosis
- Main Problem
- Current Location
- Future Planning Decisions / Information: DNACPR / Advance Decision Discussion / Appointed LPA
- Relevant Medication
- Host Team Consultant Involved
- Does Patient Live Alone

Appendix 5

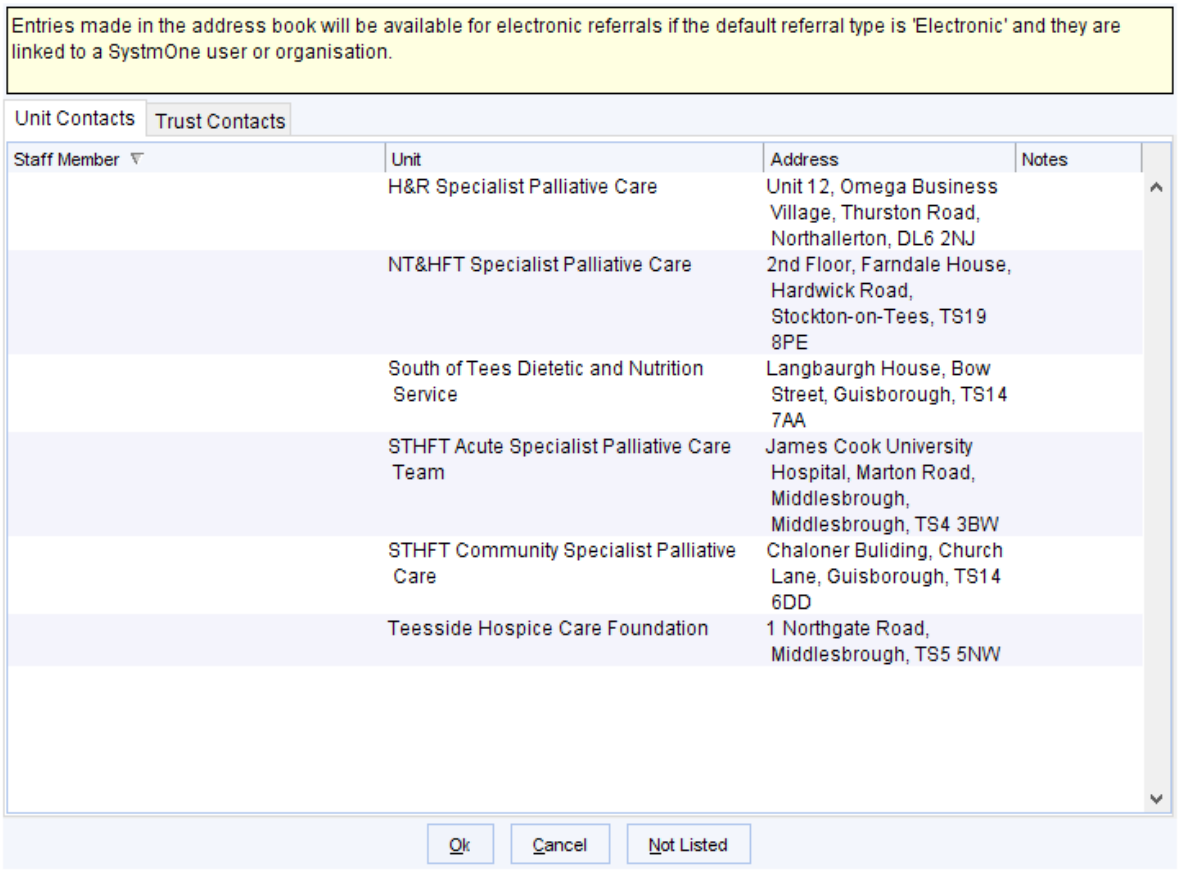
How to make an Electronic Referral

Electronic Referrals

Referring Service - Sending an Electronic Referral

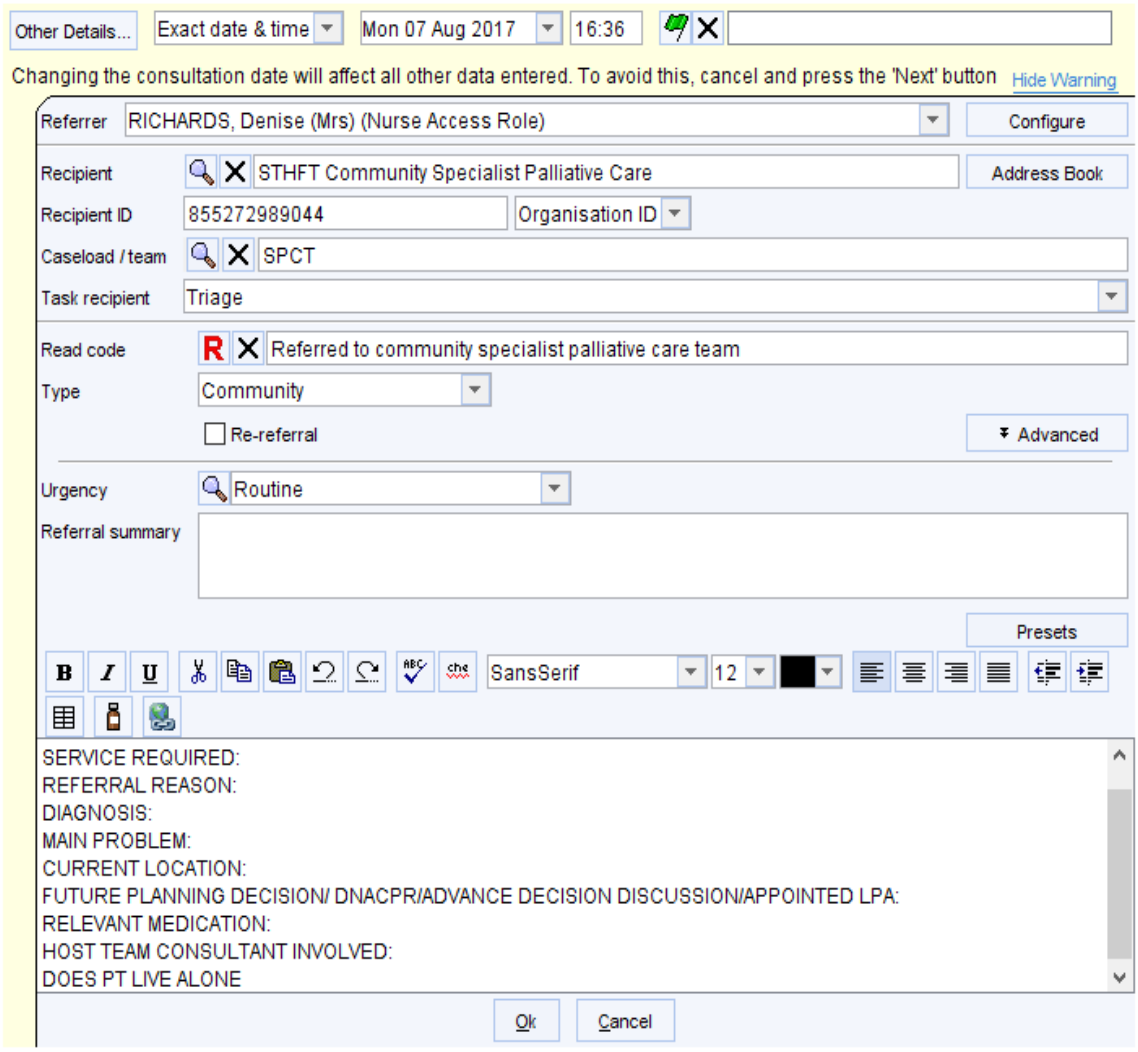
1. **Open** a Patient Record, **right click** on the **Referrals** node on the Clinical Tree then select **New Electronic Referral**

2. Select the appropriate Service from the list and click **Ok**



3. Enter appropriate **Referral text** ensuring **all** the information that the accepting Service requires has been input

4. Select the **Referrer Name** (Caseload/Team can be populated if known)



5. Choose the correct **Type** i.e. Hospital, Community and tick **Re-referral** if appropriate
6. Select a **Reason for Referral** and **Urgency** adding any appropriate **Referral Summary** information that is required for referrals to JCUH palliative care team, community Macmillan and Teesside Hospice
    - Service Required
    - Referral Reason
    - Diagnosis
    - Main Problem
    - Current Location

- **Future Planning Decisions/Information: DNACPR/Advance Decision Discussion/Appointed LPA**
- **Relevant Medication**
- **Host Team Consultant Involved**
- **Does Patient Live Alone**

7. Click **Ok** to continue or **Ok & Another** if additional referrals need to be sent
8. Once the record is **Saved** the electronic referral will be sent to the relevant organisation

Ratified By: **Name:** Deborah Edwards **Signature:**

Designation: Director of Nursing and Quality

Date: ..... / ..... / .....

(On behalf of the Quality and Performance Committee)

Name: Dr Lucy Roth **Signature:**

Designation: Consultant in Palliative Medicine

Date: ..... / ..... / .....

(On behalf of Teesside Hospice Care Foundation)